



# Dakota Fast File User Authorization Form

The following form must be submitted and approved by the Secretary of State for each individual the institution authorizes to use *Dakota Fast File*. If you have any questions, please contact the UCC Division.

Pad Account Number: \_\_\_\_\_

Institution Name: \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please check the system(s) to which the user is authorized. The institution must be subscribed to the selected system in order for individual authorization to be applicable.

☐ Search

☐ Tickler

☐ File UCC Documents

☐ I understand I am responsible for preserving the secrecy of the assigned user ID and password. I am liable for any and all charges assessed to the assigned account.

Dated \_\_\_\_\_

\_\_\_\_\_  
(Signature of Individual)

**Return to:**

UCC Division

Office of Secretary of State

500 E Capitol Avenue, Pierre SD 57501

Phone: 605-773-4422 Fax: 605-773-4550

Email: [dakotafastfile@state.sd.us](mailto:dakotafastfile@state.sd.us)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Title)

**For Office Use Only:**

\_\_\_\_\_  
Account User Name

\_\_\_\_\_  
Password

\_\_\_\_\_  
Expiration Date